

THE CITY OF NEW YORK  
DEPARTMENT OF HOUSING PRESERVATION AND DEVELOPMENT  
OFFICE OF ENFORCEMENT & NEIGHBORHOOD SERVICES  
CERTIFICATION OF NO HARASSMENT UNIT

SRO CERTIFICATE OF NO HARASSMENT

DATE APPLICATION ACCEPTED: 8/16/23

APPLICANTS NAME: Michael Beylik

REFERRAL#: R430403 APLC. #: 75/2023

ADDRESS 109 East 9th Street New York, NY 10003

INQUIRY PERIOD: 8 / 16 / 20 to PRESENT  
month day year

**Obligation to Update:** If any information stated in the application changes at any time before HPD makes a final determination regarding whether harassment occurred, the applicant must promptly update the application with such new information and submit it to HPD. If the new information includes a change in ownership or other facts that renders the original applicant ineligible to submit the Application, a new Application, including a new signature page executed by an eligible individual, and all supporting documentation must be submitted to HPD- in such an event, no new processing fee will be collected.

1. **Property:** Identify the property that is the subject of this application ("property").

Borough:  Manhattan  Brooklyn  Bronx  Queens  Staten Island

Block: 555 Lot: 40 HPD Registration ID: 117881 BIN: 1008963

Street Address: 109 East 9th Street, New York, New York 10003

Check every box that applies (check both SRO and a Special Zoning District if applicable):

- The property contains a Single Room Occupancy multiple dwelling.
- The property is located in the Special Clinton District.
- The property is located in the Special Hudson Yards District.
- The property is located in Preservation Area P-2 of the Special Garment Center District.
- The property is located in the Greenpoint-Williamsburg anti-harassment area.
- The property is located in the Special West Chelsea District.

2. **Building Configuration:** Attach either an original certified copy of the certificate of occupancy or original certified letter from the Department of Buildings stating that the building does not have a certificate of occupancy. Describe the legal and actual configuration of the building below.

Type of Unit	Legal Configuration - Number of Units	Actual Configuration - Number of Units
Apartment Dwelling Units	0	0
SRO Dwelling Units	14	12
Total Dwelling Units	14	12
Commercial Units	1	1

What is the basis of the legal configuration described above?

- Certificate of Occupancy (must attach if this is the basis of the legal configuration)
- Original certified letter from the Department of Buildings

3. **Building Occupancy:** Is the building currently vacant?

- Yes (How long has the building been vacant?) \_\_\_\_\_
- No (Describe the current occupancy below).

Type of Unit	Occupied	Vacant	Total
Apartment Dwelling Units	0	0	0
SRO Dwelling Units	7	5	12
Total Dwelling Units	7	5	12
Commercial Units	1	0	1

4. **Applicant(s):** Identify the applicant(s). An applicant must be a natural person, not an entity. If the building is owned by more than one deed owner, all the owners need to be named as applicants or a notarized letter signed by each additional deed owner has to be submitted authorizing the applicant to file the application for certificate of no harassment on behalf of that owner. If the application is filed by a Net Lessee, the deed owner has to provide a notarized letter signed by the deed owner authorizing the Net Lessee to file the application for certificate of no harassment on behalf of that owner. In case of a multiple dwelling owned by an entity, the letter has to describe the corporate relationship of the person signing the letter on behalf of the entity.

Name (1) Michael Geylik Name (2) \_\_\_\_\_  
 Social Security Number: 052/ 94 / 3015 Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date of Birth: 05 / 15 / 1986 Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mailing Address: 109 East 9th Street, Storefront, New York, New York 10003  
 Business Telephone Number: 212-343-1111 ext. 501 Mobile Telephone Number: 646-402-1213  
 Email Address: michael@mgnycconsulting.com Fax Number: \_\_\_\_\_  
 Relationship to the property (attach documentation): Managing Member of Owner  
 Deed Owner: 109E9 LLC  
 Deed Owner Address: 109 East 9th Street, Storefront, New York, New York 10003

5. **Access Authorizer:** Does the applicant identified in response to Question 4 have legal authority to authorize the Department of Housing Preservation and Development ("HPD") to enter all common areas of the property?

Yes.  
 No (Identify the person who will sign this application to authorize such access below).

The Access Authorizer listed shall be an individual natural person who either has legal possession of all common areas of the building, or is authorized to sign on behalf of and bind the persons or entities who have legal possession of all common areas of the building.

Name: \_\_\_\_\_  
 Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Business Telephone Number: \_\_\_\_\_ Mobile Telephone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Relationship to the property: \_\_\_\_\_





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7. **Prior Applications For The Property:** Has anyone ever submitted an application for a certification of no harassment (or an exemption or waiver from the requirement for a certification of no harassment) to HPD with respect to the property?

- No.
- Yes (Indicate the date of the application, whether HPD granted or denied the certification of no harassment, and any other relevant details).

Date of the Application	Applicant	Granted, Denied, Withdrawn	Other Relevant Detail

8. **Current Ownership**

A. **Current Owners:** List each current holder of title to the property including individual owners, joint owners and corporate entity:

Name	Date of Birth	SSN or EIN	Address
109E9 LLC		86-2559653	109 East 9th Street, Storefront New York, New York 10003



**C. Current Management:** List each person who served as a managing agent, a superintendent, collected rents, supervised or ordered repairs, or exercised any other discretion in the management of the property under the current ownership.

Name and Address	Employer and Role	Period of Service
Michael Geylik	Owner/Managing Agent	July 2021-present
Yuri Geylik	Owner/Managing Agent	July 2021-present

**9. Prior Ownership**

**A. Prior Owners:** Have you been the owner for the entire inquiry period?

- Yes
- No (Complete the appropriate sections below).

List each prior holder of title to the property including individual owners, joint owners and corporate owners:

Name	Period of Ownership	Tax ID (if corporate entity)
Charm Coffee LLC	August 2019 - June 2021	Unknown





11. **Prior Applications By Or On Behalf Of The Owner Or Applicant:** Has the owner, the applicant, or any other representative acting on behalf of the owner ever previously applied for a certification of no harassment for any property other than the subject property?

- No.
- Yes (Indicate each property for which the applicant sought a certification of no harassment and the disposition of each such application).

Borough	Block	Lot	Address	Registration ID

12. **Occupants:** List all current residential and commercial occupants of the property.

Name	Unit/ Floor No.	Initial Occupancy Date	Phone Number	Monthly Rent	Rent Stabilized (Y/N)	Current Lease (Y/N)
Remigiusz Chlapek	2D	2016	(516)778-1088	\$450.00	Y	N
Shiras Patterson Beckwith	2E	1992	(212)228-3740	\$251.32	Y	N
Judy Sabin	3C	2018	(917)607-9574	\$155.56	Y	N
Thomas Dukleth	3D	1997	(646)300-4476	\$202.41	Y	N
James Hicks	4B	1992	(347)290-1207	\$177.45	Y	N
Zachary David Hall	4D	Unknown	(646)476-2167	\$202.21	Y	N
MGNV Consulting Corp.	Storefront	January 2022	(212)343-1111	\$40,000.00	N	Y





14. **Relocation:** Will any occupants be relocated or displaced as a result of the alteration or demolition work to be performed at the property?

- No.  
 Yes (Provide details below).

Name	Unit	Monthly Rent	Reason For Relocation or Displacement	Phone Number	Relocated to What Location

If needed, please add additional pages.

Additional pages added? \_\_\_\_\_ YES        X   NO

15. Has the building been registered annually with New York State Homes and Community Renewal (HCR) during the inquiry period?

- No.  
 Yes (Provide all rent registrations for each unit filed within the inquiry period).

16. **HCR Proceedings:** During the inquiry period, have there been any harassment proceedings, decrease in service proceedings, or other proceedings with regard to the property before the New York State Homes and Community Renewal (HCR)?

- No.  
 Yes (Provide details below and attach a copy of each complaint and final disposition, if any).

Party Names	Dates	Docket Number	Nature of Proceeding	Attorneys for Parties	Disposition or Current Status

17. **Other Administrative Proceedings:** During the inquiry period, have there been any administrative proceedings with regard to the property before any governmental or quasi-governmental authority other than the New York State Homes and Community Renewal?

- No.
- Yes (Provide details below and attach a copy of each complaint and final disposition, if any).

Party Names	Dates	Docket Number	Nature of Proceeding	Attorneys for Parties	Disposition or Current Status

18. **Litigation:** During the inquiry period, has there been any litigation with respect to the property?

- No.
- Yes (Provide details below and attach a copy of each petition and final disposition documents, if any).

Title and Type of Action	Index No. and Court	Plaintiff/ Petitioner's Attorney	Defendant/ Respondent's Attorney	Disposition or Current Status



21. **Vacate Orders:** Has any governmental agency issued any vacate orders (full or partial) with respect to all or part of the property during the inquiry period or active if issued prior to the inquiry period?

No.

Yes (Provide details below and attach certified copies of each vacate order).

Vacate Order Number: \_\_\_\_\_

Issuing Agency:

- HPD
- Department of Buildings
- Fire Department
- Department of Health and Mental Hygiene
- Other (Identify): \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Lifted: \_\_\_\_\_

Basis of Order: \_\_\_\_\_

Number of Occupants Displaced: \_\_\_\_\_

Number of Occupants Returned (who were displaced): \_\_\_\_\_

Describe any other relevant information:

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Vacate Order Number: \_\_\_\_\_

Issuing Agency:

- HPD
- Department of Buildings
- Fire Department
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- Other (Identify): \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Lifted: \_\_\_\_\_

Basis of Order: \_\_\_\_\_

Number of Occupants Displaced: \_\_\_\_\_

Number of Occupants Returned (who were displaced): \_\_\_\_\_

Describe any other relevant information:

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**Applicant Consent:** The owner of the property hereby consents to permit HPD unfettered access to the property that is the subject of this application at all times and without prior notice. The purpose of such access is for the investigation of all facts relevant to this application from the date hereof until the date upon which HPD makes a final determination with respect to the grant or denial of the certification pursuant to the application of a Certification of No Harassment.

It is understood that the failure to provide such access when requested will prevent the processing of this application and, in the discretion of HPD, may result in the denial of the issuance of a Certification.

Further, it is understood that the application may be denied if it contains any false or misleading statements, or material omissions.

Further, it is understood that the applicant and/or undersigned must first obtain a Certification of No Harassment from HPD and all necessary permits from the DOB prior to commencing the work at the subject premises, which is the subject of this application.

I, the applicant, have read the within application and attest that its entire contents are true and complete.

\* *Michael Geylik*  
Applicant's Signature (1)

\_\_\_\_\_  
Applicant's Signature (2)

\* Michael Geylik  
Print Name Above

\_\_\_\_\_  
Print Name Above

\* Managing Member, 109E9 LLC  
Relationship to the Property

\_\_\_\_\_  
Relationship to the Property

\* *Michael Geylik*  
Corporate Entity Designee Signature

\_\_\_\_\_  
Access Authorizer Signature

\* Michael Geylik  
Print Name Above

\_\_\_\_\_  
Print Name Above

\* Managing Member, 109E9 LLC  
Relationship to the Owner (title)

\_\_\_\_\_  
Relationship to the Owner (title)

Sworn to this 15<sup>th</sup> day of August, 2023.

*Vladislav Direktor*  
Notary



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I, the applicant, have read the within application and attest that its entire contents are true and complete.

M. Geylik  
Applicant's Signature (1)

\_\_\_\_\_  
Applicant's Signature (2)

Michael Geylik  
Print Name Above

\_\_\_\_\_  
Print Name Above

Managing Member, 109E9 LLC  
Relationship to the Property

\_\_\_\_\_  
Relationship to the Property

\_\_\_\_\_  
Corporate Entity Designee Signature

\_\_\_\_\_  
Access Authorizer Signature

\_\_\_\_\_  
Print Name Above

\_\_\_\_\_  
Print Name Above

\_\_\_\_\_  
Relationship to the Owner (title)

\_\_\_\_\_  
Relationship to the Owner (title)

Sworn to this 10 day of July, 2023.

Melanie Houle  
Notary



8/10/23  
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